



## Psychology Internship Program

Corporal Michael J. Crescenz Veterans Affairs Medical Center  
3900 Woodland Avenue  
Philadelphia, PA 19104  
(215) 823-5800  
<http://www.philadelphia.va.gov/>

**MATCH Number: 217311**  
**Applications Due: November 6th, 2015**

### **Accreditation Status**

The doctoral internship at the Corporal Michael J. Crescenz VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. The accreditation site visit was in March, 2013 and the next accreditation site visit will be held in 2020. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

### **Application & Selection Procedures**

#### **Criteria for acceptance into the program**

According to VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in APA-accredited doctoral programs in clinical or counseling psychology. Please see the psychology training website for a detailed explanation of eligibility requirements for all VA internships: <http://www.psychologytraining.va.gov/eligibility.asp>. Prospective interns must have the support of their graduate program to progress to internship. Only 52-week, full-time internships are available. The Corporal Michael J. Crescenz VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we strive to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans, have VA practicum experience, or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated on the application (see Application Process below).

#### **Application Process**

We rely on the APPIC website for all application materials. We do not ask for any other information than is requested by the APPIC Application for Psychology Internships (AAPI Online). Please consider seriously your interest in the Corporal Michael J. Crescenz VA as a site to which you apply as we have just six internship slots. Applicants may identify themselves as representing an element of racial, cultural, or other element of diversity within the submitted cover letter.

#### **Co-Directors of Training**

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## **Candidate Interviews**

Candidates will be informed by e-mail by December 11th as to whether or not they have been invited for a personal interview. Interviews will be held in late December and early January. Interviews are a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and get a better understanding of our program. The interview will comprise of a group orientation for an hour, an interview with one of the training co-directors, and interviews with one or more staff psychologists. The total interview process should take three to four hours. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview and answer your questions by telephone. A personal interview is not required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## **Match Process**

We will follow the match policies established by APPIC. Our program uses one match number for all positions. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.

## **Psychology Setting**

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Fort Dix, NJ; Gloucester County, NJ; Center City Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. With a full complement of inpatient and outpatient treatment programs, VA Centers of Excellence, and specialty programs designed to meet the healthcare needs of Veterans, the Crescenzo Veterans Affairs Medical Center (CMCVAMC) delivers an outstanding educational experience across a variety of professions including psychology.



CMCVAMC Psychology is organized as a section within Behavioral Health. Our Chief Psychologist is Kenneth Sullivan, Ph.D. Under his direction, our service has grown in the past ten years from 12 to about 50 doctoral level psychologists. Psychologists serve in a wide range of clinical and research settings including: Primary Care-Mental Health Integrated Care team, the VA Home Based Primary Care Program, the Mental Health Clinic (MHC), the Inpatient Psychiatric Unit, the Community Living Center (CLC), the Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Illness Research, Education and Clinical Center (MIRECC), the Center of Excellence for Substance Abuse Treatment and Education (CESATE), the Center for Health Equity, Research and Promotion (CHERP), the Addictions Recovery Unit (ARU), the Opioid Treatment Program (OTP), the Post-deployment Clinic (PDC), the Sleep Clinic, the Polytrauma Team, and in three community-based outpatient clinics. As members of interdisciplinary teams, psychologists work to operationalize the Patient Centered Medical Home and to facilitate the integration of mental health service into Veteran's healthcare delivery. Furthermore, psychologists are also involved in clinical research projects in collaboration with members of other disciplines throughout the Medical Center.

CMCVAMC has recruited and retained highly qualified psychologists from a wide variety of theoretical orientations, many from VA training programs, and many of whom specialize in evidence based treatments. Staff include a national VA trainer and consultant in Prolonged Exposure (PE) who is currently the Evidence Based Treatment Coordinator, a trainer in Cognitive Behavioral Therapy (CBT) from the University of Pennsylvania who leads the CBT training program, along with national experts in Motivational Interviewing, Cognitive-Behavioral Treatment for Insomnia, and Integrated Behavioral Couples Therapy. There is little staff turnover, assuring continuity of patient care and programs.

The CMCVAMC has an extensive history of excellence in health profession education and a long history of graduate level psychology training for post-doctoral fellows in the Mental Illness Education, Research, and Clinical Center and for practicum students. The Psychology Internship began in 2011, and was accredited by APA in March of 2013 until 2020. In 2014, psychology training was further expanded to include two postdoctoral fellowship positions with an emphasis in Interprofessional Mental Health. Our five VA Centers of Excellence and numerous clinical research projects offer an atmosphere of dynamic exchange between rigorous academic research and clinical applications.

Furthermore, CMCVAMC is adjacent to and closely affiliated with the University of Pennsylvania whose psychiatry residents, medical, and nursing students rotate through CMCVAMC Behavioral Health. CMCVAMC psychologists are integral to the education of these trainees. Psychology trainees have access to didactic training in conjunction with the University of Pennsylvania's Psychiatry and Psychology clinical training programs and have opportunities for professional collaboration on clinical and research endeavors with University-affiliated faculty. Most CMCVAMC psychologists have University of Pennsylvania faculty appointments.

## ***Training Model and Program Philosophy***

The philosophy of our psychology training program is best described as scholar-practitioner. We advocate the integration of clinical research with clinical practice. This involves the development of skills in critical analysis of research and the application of research into clinical practice.

Our training model is developmental and designed to promote professional competence through a sequence of training experiences that are graded in complexity. Interns will move from close supervision and more intensive instruction to relatively autonomous functioning over the course of each rotation.

## ***Program Goals and Objectives***

The mission of the training program is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists. Interns and Fellows will become skilled in the delivery of a broad range of mental health services as members of interdisciplinary teams in the VA's integrated healthcare delivery system.

The primary goal of the Crescenzo VA Psychology Internship Program is to train interns to be competent in the general practice of professional psychology and specifically skilled in the provision of high quality evidence based mental healthcare. The internship program will highlight the integration of mental health services into primary care consistent with the Patient Centered Medical Home. Training in Evidence Based Practices will be a key component of training throughout the internship experience. Interns will take an active role in developing their own training plan and in adjusting it to meet their needs and emerging interests. A cornerstone of our training philosophy is an emphasis on breadth while also allowing for in-depth training in focused areas of interest. The purpose of our internship program is to prepare interns for post-doctoral fellowships or entry-level positions in professional psychology.

The training program will provide specific training in providing team-based care as part of interprofessional teams in primary care and specialty care. Training will emphasize the importance of patient-centered care, including matching the level of care with patient need (stepped care). Trainees will engage other team members in a collaborative approach to care that involves drawing from the expertise of different disciplines and sharing in problem solving so as to best meet Veterans' needs. Measurement based care, improved access to treatment, and patient preferences in care will be emphasized.

Competencies that will be nurtured and assessed during the internship and fellowship are outlined below. Of note, competencies in interprofessional collaborative practice will be evaluated for interns and fellows, but fellows will have the further requirement to meet specific benchmarks.

#### **Competency in Psychological Assessment and Diagnosis**

- Clinical interviewing and record review skills.
- Differential diagnosis skills and knowledge of DSM-5.
- Complete interview/testing within a reasonable period of time
- Selection, administration, and interpretation of psychological tests/assessments
- Written communication skills of assessment/test results that answers referral question and provides appropriate recommendation.
- Proficient use of assessment in treatment plan formulation and tracking treatment progress.
- Understand effects of medication and medical conditions on functioning.
- Communicate results clearly to patient/family members and other providers.
- Awareness of, and adherence to APA ethical guidelines and ethics in assessment.
- Sensitive to issues of ethnic, culture, gender, or sexual diversity in assessment.

#### **Competence in Psychotherapeutic Interventions, Particularly Evidence-based Treatment**

- Ability to establish and maintain rapport with a diverse population
- Present cases within a valid theoretical framework.
- Formulate individualized treatment plans and goals in collaboration with patients
- Deliver therapeutic interventions that are well-timed, effective, and consistent with evidence based treatments.
- Demonstrate ability to intervene in groups skillfully, with focus on each session's goals and tasks.
- Recognizes and appropriately respond to patient crises.
- Coordinate care with other providers.
- Demonstrate knowledge of and ability to successfully apply 1 or more evidence based treatments.
- Use assessment data to help guide treatment decisions and inform patient of treatment progress.
- Awareness of how personal issues can interfere with therapy.
- Awareness of, and adherence to APA ethical guidelines and ethics in treatment.
- Sensitive to issues of ethnic, cultural, gender, or sexual diversity in treatment.

#### **Competence in Consultation and Supervision**

- Ability to determine and clarify referral issues
- Effectively communicate assessment and/or intervention results to team, referral source, patient, and/or family.
- Rapidly and effectively translate complex biopsychosocial issues to other professionals.
- Provide colleagues and other trainees feedback and guidance (such as group supervision and/or case conferences).
- Demonstrate the ability to utilize supervision and mentoring regarding professional development and growth.
- Effectively handle ethical and boundary issues in supervision.
- Awareness of, and adherence to APA ethical guidelines and ethics in consultation and/or supervision
- Sensitivity to issues of cultural and individual diversity relevant to consultation and/or supervision.

#### **Professional Issues**

- Aware of need for and receptive to supervision and seeks consultation/supervision as needed.

- Well prepared for supervisory meetings and effectively present clinical material in supervision
- Respond to consultation/supervision with constructive action or changes.
- Awareness of own competence and limitations as a clinician and possess appropriate level of confidence in abilities.
- Awareness of continuing developmental professional goals.
- Interact effectively with other staff.
- Demonstrate accountability, dependability, and responsibility.
- Exercise good judgment as a professional.
- Actively participate in seminars/didactics.
- Demonstrate ability to document patient contacts timely and effectively.

#### **Scholarly Inquiry**

- Awareness of current literature, research and theory in assessments and intervention, including evidence based treatments.
- Demonstrate initiative to seek out professional writings regarding assessment and intervention.
- Demonstrate ability to apply current scientific knowledge to the clinical setting.
- Provide quality oral presentations in case conferences, seminars, etc.
- Propose realistic goals for scholarly activities for the year.
- Effectively develop and carry out a research project over the course of the training year.
- Awareness of, and adherence to APA ethical guidelines and ethics in scholarly inquiry.
- Sensitive to issues of cultural and individual diversity relevant to scholarly inquiry.

#### **Ethics and Sensitivity to Diversity**

- Overall awareness of APA ethical guidelines and ethical issues that arise in professional activities.
- General ability to think critically about ethical issues.
- Overall behavior is consistent with ethical guidelines.
- Overall demonstrate sensitivity to issues related to individual differences and cultural diversity.
- Sensitive to issues of ethnic, cultural, gender, or sexual diversity in assessment, treatment, and as relevant to consultation and supervision and scholarly inquiry.

#### **Competence in Interprofessional Collaborative Practice**

- Ability to work with other professionals and maintain a climate of respect and shared values.
- Ability to keep Veteran needs and preferences at center of interprofessional team-based care.
- Ability to use knowledge of one's professional role and those of other professionals to address mental and physical health care needs of Veterans.
- Ability to foster communication with team members that enhances development and execution of treatment plans that meet patient care needs.
- Ability to organize and communicate information with patients, families and team members in an understandable and integrative manner.
- Ability to enhance interprofessional team functioning through active listening, respectful communication, and incorporation of sensitive and constructive feedback among team members.
- Ability to handle interprofessional conflict in a respectful and effective manner.
- Ability to use knowledge of team dynamics and relationship-building values to help team deliver timely, effective, safe patient-centered care.
- Ability to use process improvement strategies to increase effectiveness of interprofessional team care.
- Ability to use ethical guidelines of different disciplines to guide team-based patient care.
- Ability to be sensitive to issues of ethnic, culture, gender, or sexual diversity when providing team-based patient care.

### ***Program Structure***

Interns will complete 4, six month rotations (2x2). One rotation will be working in a patient-centered medical home model of care, either on the Primary Care-Mental Health Integration rotation or on the Health Promotion Disease Prevention rotation, and one rotation will be Evidence-Based Therapies. The

two additional six month rotations will be selected by the intern prior to the start of internship. Prior to beginning the internship, interns will consult with the Co-Directors of training and supervising psychologists to select those training experiences that best meet their individual training needs and interests. Interns will be expected to provide long-term treatment throughout the year to Veterans in one of the outpatient settings, and interns will complete at least 3 comprehensive assessments. They will complete 2080 hours of training including at least 520 hours of direct patient contact. Interns will be given at least four hours of weekly supervision, two hours of which will be individual supervision. Additionally, interns will have at least two hours of weekly didactic instruction. Time for research will be available throughout the year. The internship program will expose interns to a broad clinical population, a variety of treatment modalities and milieus, and a variety of theoretical orientations, and supervisors and will emphasize training in the various roles of a professional psychologist.

## **Training Experiences**

Below is the description of each of the rotations from which the intern can choose. All interns will complete a Patient Centered Medical Home rotation (Primary Care-Mental Health Integration (PCMHI) or Health Promotion Disease Prevention) and a rotation in Evidence-Based Therapies. In addition, interns will choose 2 additional 6 month rotations. Interns will also have therapy, assessment, and research experience throughout the year. Interns may be asked on certain rotations to work flexible hours, such as an evening a week, to improve access to care for Veterans, but required hours would not exceed 40 hours per week. The specific program developed by an intern must meet the approval of the Co-Directors of Training.

## **Rotations**

\* One PCMH rotation and the Evidence Based Therapies rotations are required.

### **\*Primary Care-Mental Health Integration/Patient Centered Medical Home (PCMH)**

*Supervisors: Nisha Nayak, PhD*

The Crescenz VA Primary Care clinics are fast-paced, outpatient primary care medical settings. Behavioral health services are well integrated into primary care practice following the Patient Centered Medical Home (referred to in the VA as Patient Aligned Care Team (PACT)) model of treatment. Interns on this rotation will work as members of an integrated care team including psychology technicians, nurses, a psychiatrist, psychologists, and primary care staff. They will have the opportunity to provide consultation to primary care providers as well as provide scheduled and urgent evaluations of patients with a wide range of mental and behavioral health issues. Interns will also work with the Post Deployment Clinic (PDC), a primary care clinic serving male and female veterans who have served in Iraq and Afghanistan. In the PDC, primary care, behavioral health, and social work are well-integrated, and the initial PDC visit for returning Veterans involves meeting with each of these providers (primary care provider, social worker, and PCMHI psychologist) to establish an interdisciplinary treatment plan.

Interns will be responsible for evaluating and monitoring patients, providing education and support, influencing adherence to guidelines by providing “on-time, on-target” information to primary care providers, and collaboratively making appropriate care decisions. Measurement-based care will be emphasized, and interns will apply this in the context of evidence-based treatment modalities for primary care veterans with depression, anxiety, alcohol misuse, subsyndromal PTSD, and chronic pain. Interns in this rotation will provide brief individual treatment as well as lead psycho-education groups and co-lead psychotherapy groups for male and female veterans.

### **\*Health Promotion Disease Prevention/PCMH**

*Supervisors: Erin Ulloa, PhD, Rebecca Helms, PsyD*

Health Promotion/Disease Prevention (HPDP) is a VA-initiative dedicated to reducing the burden of chronic disease by targeting unhealthy behaviors (e.g., diet, exercise, tobacco and alcohol use, chronic stress) and promoting patient empowerment through self-management behaviors. This assignment incorporates a strong behavioral medicine focus and emphasizes the unique health psychology skill set involved in the provision of both individualized patient-centered care and population-focused care to support veterans in making positive health behavior changes. On this rotation the intern will work with the facility's Health Behavior Coordinator (HBC) and HPDP Program Manager in the provision of direct clinical care (individual and/or group) as well as several or all of the following components consistent with HPDP initiatives: medical staff education and training, consultative services, program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other hospital programs.

### **\*Evidence-Based Therapies Rotation**

*Supervisors Jason Goodson, Ph.D., Elyssa Kushner, Psy.D., Christina DiChiara, Psy.D.*

This required major rotation offers the intern the opportunity to be fully trained in two of the Veteran Administration's Evidence-Based Psychotherapy initiatives, Prolonged Exposure for PTSD and Cognitive-Behavioral Therapy for Depression. In addition, this rotation also includes exposure to and the use of other evidence-based manualized treatments for a wide variety of Axis I and Axis II disorders including GAD, OCD, social anxiety, panic disorder, specific phobias and the use of DBT for borderline personality disorder. Evidence-based assessment including structured interviews, clinician-administered disorder specific measures and the regular use of self-report assessments will be utilized and treatment in both individual and group formats is emphasized. Interns will be required to co-lead an evidence-based skills-training treatment group either in PTSD or depression. Time allotted for supervision is 2 hours per week, one hour with Dr. Goodson and one with Dr. Kushner for the entire six month duration of the rotation so as to provide a more diverse supervision experience and two interns will be assigned to this rotation per training semester.

### **PTSD Clinical Team (PCT): Treating Complex PTSD and MST**

*Supervisors: Susan DelMaestro, Ph.D. and Marta MacDougall, Psy.D.*

As an active member of the multidisciplinary PCT, the intern will have the opportunity to provide assessment, treatment planning, and individual and group therapy for Veterans exposed to trauma. The intern will learn different modalities of treatment for PTSD with emphasis on learning what therapies are most beneficial for each stage of treatment. Veterans with complex PTSD often require therapy initially focused on safety, stability, reduction in self-harm behaviors, and the formation of trusting relationships. Once these primary goals are met, treatments addressing the resolution of past trauma offer opportunities for further healing. Finally, treatment with an emphasis on regaining a life that is meaningful and future-oriented is essential to maintaining earlier treatment gains and to recovery from PTSD. With a focus on staging of treatments, interns will have the opportunity to co-lead Seeking Safety and Dialectical Behavior Therapy groups, learn and apply the main elements of evidence-based trauma-focused treatments with individual clients, and run Veteran Alumni groups that support re-integration into the community. The intern will also work closely with the Military Sexual Trauma Coordinator to develop an understanding of the impact of Military Sexual Trauma (MST) on both male and female Veteran's psychosocial functioning and provide specialized treatment to this population. They will, in addition, participate in facility-wide awareness and education efforts to inform both VA providers and veterans about sexual trauma and its impact. The intern will participate in weekly team meetings, and contribute to discussions on case formulations, treatment approaches, and program design. Research projects promoting the measurement of treatment outcome are encouraged. In addition, this rotation offers a solid foundation for understanding the impact of trauma on all aspects of a Veteran's life and is a good accompaniment to rotations specifically on the evidence-based trauma-focused treatments of Prolonged Exposure and Cognitive Processing Therapy.

## **Inpatient Psychiatry**

*Supervisor: Alissa Silverman, PsyD*

The inpatient unit at the Crescenzo VA will provide students with exposure to a unique and wide range of both acute and chronic psychopathology including thought disorders, mood disorders, personality disorders, and substance abuse problems. In this setting, interns will observe and provide individual and group psychotherapy for adults on the inpatient unit. Group topics are varied but include anger management, relationships, appropriate interpersonal boundaries, relapse prevention, communication, substance abuse, social skills, suicide/crisis, depression, anxiety, self esteem, medication management, and psycho-education on PTSD. Interns will assist with development of additional group curriculum. Interns will also participate in the development of treatment plans that are individualized and strength-based to ensure that veterans are able to use their own unique skills to achieve maximum functioning and independence with movement toward successful community reintegration and recovery.

Interns will be involved with rounds and multidisciplinary treatment team meetings with psychiatrists, residents, medical students, nurses, social workers, a psychologist, and pharmacist. The intern will be expected to contribute to treatment planning for all veterans. Interns will also attend community meetings and facilitate continuity of care with outpatient services after discharge. Communication and collaboration with primary care and mental health providers is emphasized to assure continuity of care and to sustain gains made while hospitalized.

The goal at the end of this experience will be to develop skills that will lead to professional competence as a psychotherapist and diagnostician, while simultaneously fostering high standards of ethical practice and professionalism and developing sensitivity to individual and cultural differences. Strong emphasis will be placed on promoting skills in working collaboratively with other disciplines, to foster a strong professional identity as a psychologist, and to encourage continuing professional growth.

## **Residential Rehabilitation Treatment Program (RRTP)**

*Supervisors: Nicole Kremer, PsyD and Laura Mowery, PsyD*

The RRTP is a forty-bed residential program in a homelike environment where healing occurs through everyday interactions within the therapeutic milieu as well as through formal interventions. The program is based on an intensive psychosocial recovery model of care integrating community and natural supports to foster Veterans' ability to manage mental illness and live in the community. It emphasizes coordinated mental and physical health care to support community reintegration for homeless Veterans and Veterans transitioning from acute care.

The RRTP offers Interns closely supervised opportunities to work with Veterans with a wide range of conditions. Interns will contribute to the therapeutic milieu through their everyday interactions with veterans. They will provide individual and group psychotherapy including evidence-based approaches as appropriate, and recovery-oriented psychological and neuropsychological assessment tailored to individual needs. Interns will participate in the work of multi-disciplinary teams, each led by a psychologist, with members including a psychiatrist, social worker, nurses, vocational rehabilitation specialist, peer specialist, and recreation therapist.

## **Polytrauma and Neuropsychology**

*Supervisors: Rosette C. Biester, PhD*

The Polytrauma Team serves veterans diagnosed with Traumatic Brain Injury and comorbid conditions including PTSD, other anxiety disorders, mood disorders, chronic pain, and alcohol and substance abuse. The team serves veterans of all generations, but a large proportion of them are from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). The intern would train with the Polytrauma

Neuropsychologists and learn to provide comprehensive neuropsychological assessment to assist with diagnostic clarification and make treatment recommendations based on the findings.

Opportunities for interns include (1) administration, scoring, and interpretation of a wide variety of neuropsychological tests, as well as personality tests in some cases; (2) conducting clinical interviews for background information, including inquiry about the effects of TBI and comorbid conditions on everyday life; (3) integrating test findings and interview into a clinically useful report; (4) making recommendations for cognitive remediation based on neuropsychological test findings; (5) providing individual psychotherapy to Polytrauma patients; and (6) collaborating with members of the multidisciplinary Polytrauma Team with a goal of providing integrated (systems-based) treatment for veterans with multiple combat and noncombat injuries.

Interns interested in the Polytrauma and Neuropsychology rotation should have some graduate coursework in Cognitive Psychology and/or Neuropsychology and/or in Psychological and Neuropsychological Assessment. In addition, interns should have some practicum experience in Neuropsychological and Psychological Assessment, to include test administration, scoring, and interpretation and at least 6 comprehensive Neuropsychological reports. Samples of reports may be requested of interns interested in this rotation.

### **Sleep Clinic**

*Supervisor: Philip Gehrman, PhD*

In this six month rotation, interns will learn to conduct detailed clinical evaluations of sleep and sleep disorders in Veterans with sleep problems. They will and learn cognitive behavioral treatment approaches for insomnia and nightmares (imagery rehearsal). Interns will become proficient in delivering these treatments in both individual and group formats. In addition, interns will learn to deliver treatment in a clinical video telehealth format to Veterans at other VHA facilities.

### **Comorbid Substance Use and PTSD**

*Supervisor: Kara Newman, PhD*

This is a six-month rotation in which the intern receives clinical and didactic training in the assessment and treatment of veterans suffering with co-occurring posttraumatic stress disorder and substance use disorders. The co-occurring nature of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and the trauma disorder in turn discourages seeking or obtaining recovery from addiction. The intern will learn techniques to work with these populations as part of an effort to integrate treatment and form a clinical bridge between the PTSD clinic (PCT) and the outpatient addictions clinic (ARU). Treatment approach will include group treatment and individual psychotherapy and will extend into the services offered by both clinics as well as specific efforts to integrate treatment for this co-occurring disorder (Seeking Safety, CBT Relapse Prevention, Motivational Interviewing, DBT Skills Training, and harm reduction approaches). The intern will attend weekly multidisciplinary team meetings for both clinics, and will receive individual supervision with a focus on integration of treatment between these two disorders. Opportunities for training in additionally specific modalities could include exposure-based treatments and other cognitive-behavioral approaches. Intern will receive one hour of supervision weekly, and should expect that at least 1 case will be supervised with use of videotaped sessions.

### **Home Based Primary Care (HBPC)**

*Supervisor: Marla S. McLaughlin, PhD*

VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of veterans with complex chronic disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, physical therapy, occupational therapy, dietetics, pharmacy, psychiatry, and psychology. HBPC manages patients with multiple

interacting chronic medical problems requiring longitudinal intervention to maintain health status, retard functional decline, and reduce or delay institutionalization.

In the HBPC program, interns conduct psychological/cognitive assessment, brief psychotherapy, family interventions, and become active members of an interdisciplinary treatment team. Skills emphasized on this rotation are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c) individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including dementia; and e) active participation in a treatment team through consultation, staff education, and facilitating team functioning. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical illnesses, and/or other life stressors; interventions to increase compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance.

### **Victor Saracini Community-Based Outpatient Clinic (Horsham, PA)**

*Supervisor: Paige Novick-Kline, PsyD*

The Victor Saracini Clinic is a small satellite clinic of the Crescenzo VA Medical Center that offers primary care with limited specialty care for our military veterans. Interns work within the Mental Health Clinic and gain a thorough understanding of the relationship between primary care and behavioral health, including referral processes, the interplay between psychological and physiological illnesses, and an orientation toward collaborative care as the VA moves toward a Patient Centered Medical Home model. The clinical population includes military veterans from all eras who suffer the wide range of psychological concerns, including adjustment to retirement and medical ailments, depression, panic disorder, personality disorders, etc. There is a major focus on evidence-based treatments for depression, anxiety disorders, and PTSD, including Acceptance and Commitment Therapy, Prolonged Exposure, and Cognitive Processing Therapy. Interns would have the opportunity to provide individual and group psychotherapy to veterans under the supervision of a licensed psychologist and provide consultation to primary care providers and their patients. They will also participate in a monthly didactic component within the Clinic/greater CMCVAMC system.

### **Other training experiences**

#### **Therapy**

All interns will have a therapy supervisor assigned at the beginning of the internship who will supervise therapy cases over the course of the internship. The therapy caseload will range from 3-8 cases based on other trainee therapy experiences. Interns can select from either individual therapy as part of the outpatient Mental Health clinic or couples therapy.

#### **Mental Health Clinic Therapy Experience**

*Supervisors: Ellen Balzé, PhD, Diane Bloch, PhD, Sean Lincoln, PhD, Peter Yeomans, PhD*

Therapy cases will be selected from the Mental Health outpatient clinic based in part on the preferences of the intern and the supervisor to help ensure a well-rounded internship experience, but may include veterans with serious mental illness, addictive disorders, depression and anxiety disorders, and/or general mental illness. Individual supervision for therapy cases will be weekly for at least 1 hour. Interns may be asked to work flexible hours, such as one or two evenings a week (still keeping to a 40 hour work week), to improve access to care for Veterans.

#### **Couples Therapy:**

*Supervisor: Steven L. Sayers, PhD*

Couples therapy is a year-long training experience that includes a 4-month training seminar, weekly supervision, and experience treating a range of couples receiving treatment at the Crescenzo VA Medical Center. Previous experience or training in providing couples therapy is not required but is helpful. Interns who select to receive couples therapy training will receive an hour of weekly therapy supervision. Interns will be asked to work one evening a week (still keeping to a 40 hour work week) to improve access to treatment for couples.

### **Psychological Assessment:**

*Supervisors: Agnieszka Kleczek, PhD, Solomon Kalkstein, PhD, Rose Biester, PhD, Cobb J. Scott, PhD*  
Assessment is incorporated into each primary rotation and may include clinical interviews, structured interviews, and screenings for depression, anxiety, substance use, post traumatic stress, and cognitive functioning. In addition, interns who do not select the Polytrauma Neuropsychology rotation will be assigned to two rotations that may include Polytrauma, General Adult or Geriatric assessments and will spend on average 2 hours per week on this rotation. In addition, interns will have monthly assessment meetings for case discussion and/or as a didactic opportunity.

### **Research project:**

All interns will be expected to complete a program evaluation or research project over the course of the internship and present the findings at the end of the training year. Interns will have opportunities for research through clinical rotations, supervisory relationships, Centers of Excellence such as the MIRECC, the Parkinson's Disease Research, Education, and Clinical Center (PADRECC), the CHERP, the CESATE, the VA National Center on Homelessness Among Veterans, the Primary Care-Mental Health Integration team, and ongoing clinical research projects. Interns will develop skills in treatment research design and methods, statistical analysis, and the ethical conduct of research.

### **Didactics**

The intern didactic seminar will meet one weekday afternoon for two hours and will include staff presentations and/or case presentations. Group supervision for all interns will be held for an additional one hour each week; interns will use this format to present challenging cases and treatment issues. With each rotation, interns will also attend relevant didactic seminars. In addition, the assessment meeting and two journal clubs, one on diversity and one on military culture, will each occur monthly. Interns will be expected to attend monthly psychiatry grand rounds and case presentations. Didactic opportunities at the University of Pennsylvania will also be open to interns.

Additional didactic opportunities will also be available. Psychology Staff Meetings, multidisciplinary team meetings, Grand Rounds, inpatient clinical case conferences, outpatient clinical case conferences, and professional conferences provide Psychology staff and trainees with opportunities for continuing education, communication, and collaboration.

### **Professional Psychologist Mentorship Program**

The Mentorship Program allows Interns to acquire additional guidance and support as they more fully define and develop their roles as professional psychologists. A mentor is a member of the VA's Behavioral Health Service who is active in research and/or administration, or has a leadership role at the VA. A mentor helps provide exposure to different parts of professional life so the Intern can fully experience the many roles of a professional psychologist and, more specifically, a VA psychologist. A mentor can facilitate and oversee research or administration projects, offer direction to resources that are part of the larger VA community, and provide advice about professional activities that will enhance career goals. While choosing a mentor is optional, we hope that each intern will take advantage of this special opportunity to work closely with a member of our community.

## ***Requirements for Completion***

All VA pre-doctoral internships are exactly 52-week experiences. To successfully complete the program, each intern needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours (2088 hours in a leap year). In the event of extended sickness, time off for pregnancy and child care, or other exigencies, the intern may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the internship along with the cohort class and necessitating the continuation of training into the subsequent training year. This in no way is meant to be punitive in nature, rather it is just a fact of life associated with signing a letter of commitment for any VA internship.

### ***Program Evaluation-Intern assessment***

The effectiveness of the training program's ability in meeting stated goals and objectives will be measured and evaluated through a variety of formal and informal methods. Intern progress will be evaluated throughout the program by supervisors and the co-Directors of Training. Additionally, interns will have the opportunity to evaluate both their supervisors and the overall program.

Intern's development of knowledge and skills relevant to competency areas will be evaluated through direct observation, interviews, surveys, audio tape, video tape, discussion of clinical interaction, review of written work, case presentation, and surveys of interdisciplinary team members. Specific benchmarks and minimal thresholds of achievement will be established for each goal and objective. These benchmarks will be communicated to interns at the beginning of each rotation. Interns will be expected to demonstrate intermediate to advanced skills in core competencies of professional psychology.

Performance will be regularly assessed by individual supervisors and multidisciplinary team members. In addition, intern documentation of clinical work will be reviewed and signed by intern supervisors. At mid-rotation (quarterly for outpatient psychotherapy), supervisors will give specific feedback to interns on their progress toward meeting the established objectives for each goal and implement a remedial program for interns who fail to progress. At the end of each rotation (mid-rotation for outpatient psychotherapy rotation), supervisors will assess the knowledge and skills gained by interns and complete a formal written evaluation. Behavioral anchors for each competency and degree of supervision needed will be rated. Interns will also be monitored by faculty on their contributions to seminars and didactics, and collaboration in research endeavors.

Interns will submit three comprehensive psychological evaluation reports for review by an assessment supervisor. Interns will integrate at least three sources of data, such as a clinical interview, standardized assessment methods (i.e., a personality or intellectual assessment measure), and a self-report measure and present their findings. The following skills will be evaluated by the assessment supervisor: knowledge and skills in clinical interviewing, test selection, test administration, interpretation of interview and test data, written and oral communication skills, recommendations, and delivery of feedback to the Veteran. A formal evaluation will be completed by the assessment supervisor at minimum at the middle and end of the training year.

The psychotherapy rotation includes regular submission of audio or videotapes of a full session to the therapy supervisor. Interns will also present a case twice during the training year. Evaluation will be given orally in the form of scholarly exchange and feedback about the case, and a written evaluation will be completed by the therapy supervisor quarterly.

The training committee will meet monthly to evaluate trainee progress. Quarterly training committee meetings will focus on the individual needs and achievements of interns relative to the program's expected competencies. The co-Directors of Training will also interview and/or survey the supervisors directly to determine their evaluation of the interns' progress. If competency problems are noted during the training year, a remediation process will occur. This process is in the Intern Handbook and will be

outlined to interns at the beginning of training. At the end of the year, the Training Committee will summarize interns' progress and determine whether the intern has successfully completed the internship.

### **Program Evaluation-*CMCVAMC Psychology program***

At mid-rotation (or quarterly for outpatient psychotherapy rotation), interns will give supervisors feedback on the quality of their learning experience and supervision and communicate their perceived strengths and learning needs. At the end of each rotation, interns will complete a written evaluation on the quality of their learning experience and supervision. Interns will also complete an anonymous written evaluation of each weekly seminar to assess quality of didactics and guide future programming. Additionally, a CMCVAMC psychologist will be designated as the intern group supervisor and will meet weekly with interns as a group to discuss progress toward goals and any concerns interns may have about their training experience. A formal grievance process is described in the internship handbook. Incoming interns will be informed of the procedures to follow when they have a complaint or problem that requires formal resolution.

The Training Committee will meet monthly to evaluate the effectiveness of the training program and provide oversight of supervisory responsibilities including frequency, duration, quality, timeliness, and documentation of supervision. At the completion of each rotation, written evaluations completed by the interns will be submitted to the co-Directors of Training and reviewed and discussed by the Training Committee to consistently monitor and evaluate the effectiveness of the training program as it progresses through the year and make changes as needed. Surveys will be sent out to former interns of the proposed program to identify job placement, licensure, how helpful the internship was for professional development in retrospect, and the extent to which former interns have gained VA Psychology positions. The program will be modified based on feedback to meet market demands and achieve the goal of graduating interns prepared for post-doctoral training or entry level psychology positions.

### ***Facility and Training Resources***

Interns will be provided with office space equipped with telephone, voicemail and a networked computer for individual psychotherapy and assessment hours, space for telemedicine appointments, and larger rooms for groups. Interns will also be allotted time and space to allow for peer interaction, support, and socialization. Instruction on the VA's computerized Patient Record System (CPRS) will be given during interns' initial orientation followed by specific instruction in documentation of psychological services given by the Director of Training. Conference space is available for seminars, committee meetings and other didactics.

Interns will receive the same level of clerical and technical support as a staff psychologist and will have access to computers that offer SPSS and SAS statistical packages. In addition, the CMCVAMC maintains a professional library that offers an array of bound literature as well as access to various electronic journals, including full access to MEDLINE, ProQuest, New England Journal of Medicine, etc. All interns will have full access to these resources.

### ***Administrative Policies and Procedures***

The Crescenz VA's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the co-Directors of Training.

***Due Process:*** All trainees are afforded the right to due process in matters of problematic behavior and grievances. An due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

***Privacy policy:*** We collect no personal information from you when you visit our web site.

***Self-Disclosure:*** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

***No tolerance policy:*** The Crescenz VA strives to maintain a culture of respect for all, and policies are in place that include “no tolerance” for remarks, behavior or other interpersonal conduct that convey disrespect for others.

## ***Training Committee***

### **Ellen Balzé, Ph.D.**

Temple University, 1998

PVAMC Position: Silver (SMI) Team Psychologist

Interests: psychotherapy with pts with SMI diagnoses; Dialectical Behavior Therapy with BPD and other emotion regulation disorders; psychotic symptoms in the context of trauma; Prolonged Exposure for PTSD; group interventions; mindfulness; Lacanian psychoanalysis.

### **Rosette Biester, Ph.D.**

University of North Texas, 1985; *Auxiliary Health Care Provider and Adjunct Assistant Professor in the Department of Physical Medicine and Rehabilitation, U of Penn; Clinical Assistant Professor, Philadelphia College of Osteopathic Medicine*

CMCVAMC Position: Neuropsychologist, Polytrauma Team

Interests: neuropsychological screening and comprehensive neuropsychological evaluations, rehabilitation-based psychotherapy, mental health disorders and TBI

### **Diane Bloch, Ph.D.**

University of Pennsylvania, 1986; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Clinical Psychologist/Neuropsychologist, Residential Rehabilitation Treatment Program

Interests: cognition in patients with PTSD & TBI, individual and group psychotherapy among veterans with combat PTSD and TBI, neuropsychological assessment

### **Susan Del Maestro, Ph.D.**

St. John's University, 1988; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Co-Director of Internship Training, PTSD Clinical Team Psychologist

Interests: treatment of complex PTSD, treatment outcome of chronic/complex PTSD.

### **Christina DiChiara, Psy.D.**

Philadelphia College of Osteopathic Medicine, 2012

CMCVAMC Position: PTSD Clinical Team Psychologist; Military Sexual Trauma Coordinator

Interests: evidence-based practices for trauma and anxiety disorders, mindfulness, behavior therapy

### **Phillip Gehrman, Ph.D., CBMS**

University of California, San Diego, 2003; *Clinical Associate in Psychiatry, U of Penn; Adjunct faculty, Widener University*

CMCVAMC Position: Clinical Psychologist, Sleep Clinic

Interests: CBT for insomnia

### **Lea Girsh, Ph.D.**

Long Island University, 2005; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Fort Dix Outpatient Clinic Psychologist

Interests: Combat military trauma, MST, PTSD and familial impact, schizophrenia

### **Jason Goodson, Ph.D.**

Utah State University, 2005; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Evidence-Based Psychotherapy Coordinator, Psychologist PTSD Clinical Team, Prolonged Exposure Therapy Consultant and Trainer

Interests: individual/group prolonged exposure therapy for PTSD, smoking cessation

### **Rebecca Helms, Psy.D.**

La Salle University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Primary-Care Mental Health Integration Team Psychologist  
Interests: psycho-oncology, pain & weight management, body image issues in medical patients

**Amy Helstrom, Ph.D.**

University of Colorado, 2003; *Clinical Associate in Psychiatry, U of Penn*  
CMCVAMC Position: Primary-Care Mental Health Integration Team Psychologist; Mental Illness, Research, Education, and Clinical Center Investigator  
Interests: PTSD and addictive disorders, behavioral health issues among OEF/OIF veterans

**Solomon Kalkstein, Ph.D.**

Columbia University, Teachers College, 2006; *Clinical Associate in Psychiatry, U of Penn*  
CMCVAMC Position:  
Interests: Neuropsychological assessment and anger management

**Johanna Klaus, Ph.D.**

University of Miami, 2004; *Clinical Associate in Psychiatry, U of Penn*  
CMCVAMC Position: Co-Director of Internship Training; Director, Primary-Care Mental Health Integration Team (BHL); Co-Associate Clinical Director, VISN 4 Mental Illness Research, Education, and Clinical Center  
Interests: Development of evidence-based interventions for primary care delivery, national implementation of primary care-mental health integration

**Agnieszka Kleczek, Ph.D.**

California School of Professional Psychology, 2003; *Clinical Associate in Psychiatry, U of Penn*  
CMCVAMC Position: Psychologist Community Living Center  
Interests: Clinical neuropsychology

**Nicole Kremer, Psy.D.**

Wright State University, 2002  
CMCVAMC Position: PTSD Clinical Team; Director of BHS Compensation and Pension Dept.  
Interests: health psychology, meditation/mindfulness, trauma, Acceptance-Commitment Therapy (ACT)

**Elyssa Kushner, PsyD**

La Salle University, 2006  
CMCVAMC Position: Staff Psychologist  
Interests: Evidence-based psychotherapies for anxiety disorders and depression

**Sean Lincoln, Ph.D.**

Boston University, 1993  
CMCVAMC Position: Clinical Psychologist, Mental Health Clinic and Compensation and Pension  
Interests: PTSD, sexual trauma and women's psychology, cultural competency, biracial issues

**Laura L. Mowery, PsyD**

Ferkauf Graduate School of Psychology, Yeshiva University, 2009  
CMCVAMC: Clinical Psychologist, Residential Rehabilitation Treatment Program  
Interests: treatment of suicidality, trauma and psychosis

**Marla McLaughlin, PhD**

Fordham University, 1999  
CMCVAMC Position: Psychologist – Home-Based Primary Care Team, Mental Health Clinic  
Interests: geropsychology, psychological impact of medical issues, caregiver burden, grief/loss

**Marta MacDougall, Psy.D.**

Illinois School of Professional Psychology, 2002; *Clinical Associate in Psychiatry, U of Penn*  
CMCVAMC Position: Military Sexual Trauma Coordinator; PTSD Clinical Team Psychologist  
Interests: PTSD, MST, and Women's health psychology

**Nisha Nayak, Ph.D.**

University of Houston, 2008

CMCVAMC Position: Primary Care – Mental Health Integration Team Psychologist

Interests: smoking cessation, clinical video telehealth, brief treatments for PTSD

**Kara Newman, Ph.D.**

Drexel University, 2014

PVAMC Position: Clinical Psychologist, Addiction Recovery Unit, Inpatient Psychiatry Unit

Interests: relapse prevention, evidence-based therapy for PTSD and depression, childhood trauma, Skills Training in Affective and Interpersonal Regulation (STAIR)

**Paige Novick-Kline, PsyD**

La Salle University, 2005

CMCVAMC Position: Staff Psychologist

Interests: Evidence-Based treatment of anxiety disorders, trauma, and depression; Acceptance and Commitment Therapy (ACT)

**Joan Ryan, Psy.D.**

Widener University, 2005; *Clinical Associate in Psychiatry, U of Penn; Associate Professor at Widener University*

CMCVAMC Position: Chief, Residential Rehabilitation Treatment Program

Interests: psychosocial rehabilitation, trauma

**Steven Sayers, Ph.D.**

University of North Carolina at Chapel Hill, NC, 1990; *Associate Professor of Psychology in Psychiatry, U of Penn*

CMCVAMC Position: Co-Associate Director for Education, VISN 4 Mental Illness Research, Education, and Clinical Center; Psychology Director, Advanced Fellowship Program in Mental Illness Research and Treatment

Interests: medical and psychiatric illness and marital and family processes

**J. Cobb Scott, Ph.D.**

University of California, San Diego, 2009; Assistant Professor, U of Penn

CMCVAMC Position: Staff Psychologist

Interests: trauma, TBI, substance use disorders, neuropsychology, neuroimaging

**Alissa Silverman, Psy.D.**

Chestnut Hill College, 2006; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Inpatient Team Psychologist

Interests: inpatient behavioral health, group therapy, and chronic and severe mental illnesses

**Kenneth Sullivan, Ph.D.**

Temple University, 1978; *Clinical Professor, U of Penn*

CMCVAMC Position: Chief of Psychology

Interests: Group therapy, SMI, EBT, primary care/mental health integration

**Erin Ulloa, PhD**

University of South Florida, 2006

CMCVAMC Position: Psychologist, Health Promotion Disease Prevention Program Manager

Interests: Behavioral Medicine, health behavior change, stress management

**Peter Yeomans, Ph.D.**

Drexel University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: SUD-PTSD Psychologist

Interests: PTSD-SUD, family therapy, CPT, moral injury



## ***Local Information***

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Fort Dix, NJ; Gloucester County, NJ; Center City Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. It is located a short distance from downtown Philadelphia, and across the street from the University of Pennsylvania campus.

The city of Philadelphia is a center for education and culture. Known as the “City of Brotherly Love,” it is the fifth largest city in the United States. Philadelphia is known for its wealth of American history, active art community, sports teams, and cuisine (the famous Philly cheesesteaks), and also boasts the world’s largest landscaped urban park. Philadelphia is centrally located in the Northeast, only a short car or train ride to Baltimore, Washington, D.C., and New York City and about an hour from the Jersey shore and Atlantic City.

### **Directions to the Crescenz VA Medical Center**

The Crescenz VA Medical Center is located at the corner of Univeristy and Woodland Avenues and 38<sup>th</sup> Street in West Philadelphia. The address is 3900 Woodland Avenue, Philadelphia, PA 19104. For driving directions, please check the CMCVAMC website at: <http://www.philadelphia.va.gov/visitors/directions.asp>.

Hotels within walking distance include the Sheraton University City Hotel in Philadelphia and the Hilton Inn at Penn.

The Crescenz VA is also accesible by public transportation. For more information, go to the SEPTA website at [www.septa.org](http://www.septa.org).